## PART B - FEE(S) TRANSMITTAL

| Complete and send this form, together with applicable fee(s); to: Mail or Fax   |   |   |   | Commissioner for<br>P.O. Box 1450<br>Alexandria, Virg                        | Alexandria, Virginia 22313-1450   |   |  |
|---|---|---|---|--|---|---|--|
| INSTRUCTIONS: This fo<br>appropriate. All further con<br>indicated unless corrected<br>maintenance fee notification   | rm should be used for tran<br>rrespondence including the<br>below or directed otherwise<br>ns.          | smitting the ISSU<br>Patent, advance or<br>in Block 1, by | JE FEE and PU<br>derigant notifical<br>specifying   | BLICATION FEE (if requation of maintenance fees we correspondence address;   | ired). Blocks 1 through 5 s<br>vill be mailed to the current<br>and/or (b) indicating a sep   | should be completed where<br>correspondence address as<br>arate "FBE ADDRESS" for |  |
| 27366 7.<br>MICROSOFT CO<br>CHAMPLIN & KI   | TE ADDRESS (Note: Use Block 1 for<br>590 06/02/2005<br>ORPORATION C/O<br>ELLY, P.A.<br>FERNATIONAL CEN' | WESTMAN   | UN 2 7 2005   | Fee(s) Transmittal. Th<br>papers. Each additiona<br>have its own certificate | mailing can only be used fis certificate cannot be used all paper, such as an assignme of mailing or transmission.  *tificate of Mailing or Transis Fee(s) Transmittal is bein with sufficient postage for fit all the sufficient | for any other accompanying<br>ent or formal drawing, must<br>smission             |  |
| 900 SECOND AVENUE SOUTH   |   |   |   | transmitted to the USP   | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.   |   |  |
| MINNEAPOLIS, I  | MN 55402-3319   |   |   | (Depositor's name) (Signature)   |   |   |  |
|   |   |   |   |  | · <del></del>   | (Date)  |  |
| APPLICATION NO.   | FILING DATE   | <del>,</del>  | FIRST NAMED IN  | NVENTOR  | ATTORNEY DOCKET NO.   | CONFIRMATION NO.  |  |
| 09/286,739  | 04/06/1999  | HUGH E. MCLO  |   |  | M61.12-0124   | 5377  |  |
| APPLN. TYPE   | SMALL ENTITY  | ISSUE F   | ее Т  | PUBLICATION FEE  | TOTAL FEE(S) DUE  | DATE DUE  |  |
| nonprovisional  | NO  | \$1400  |   | \$0  | \$1400  | 09/02/2005  |  |
| EXAMINER  |   |   |   |  | 1   | 03/104/12003  |  |
| WU, XIAO MIN  |   | ART UNIT 2674   |   | CLASS-SUBCLASS<br>345-163000   |   |   |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |   |   | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Theodore M. Magee WESTMAN, CHAMPLIN &  KELLY, P.A. |  |   |   |  |
|   | RESIDENCE DATA TO B   |   | ~   | ** /   |   |   |  |
| PLEASE NOTE: Unless recordation as set forth ir  (A) NAME OF ASSIGN  Microsoft C  | 1 37 CFR 3.11. Completion   | of this form is NO  | T a substitute for  | filing an assignment.    1 06/ (CITY and STATE OR COU                        | COLCASS INCREMEN  | document has been filed for 0055 09286739 1400.00 OP                              |  |
| Please check the appropriate  | assignee category or catego   | ries (will not be pr                                      | inted on the pater  | nt): 🗖 Individual 💂 Co   | orporation or other private gr  | oup entity Government   |  |
| 4a. The following fee(s) are enclosed:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies  |   |   | 4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-1123 (enclose an extra copy of this form).   |  |   |   |  |
|   | (from status indicated above MALL ENTITY status. See  | ,   | Dis Assisses  | tis no los ser eleistis CMAI   | I ENTITY -t-t- C 27 C   | SER 1.27(-)(2)  |  |
|   |   |   |   |  | LL ENTITY status. See 37 C<br>y paid issue fee to the applic<br>stered attorney or agent; or t  |   |  |
| Authorized Signature Thebu MM   |   |   |   | Date   | June 24, 2005   |   |  |
| Typed or printed name Theodore M. Magee   |   |   | Registration No. 39,758   |  |   |   |  |
| This collection of informatic   | on is required by 37 CFR 1.3  | 11. The informatio  | n is required to o  | obtain or retain a benefit by t  | he public which is to file (an  | d by the USPTO to process)  |  |

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor : Hugh E. McLoone et al.

Appln. No.: 09/286,739

Filed : April 6, 1999

: COMPUTER INPUT DEVICE WITH

DIGIT SUPPORT AND NATURAL

\* . . .

POSITION ACTUATORS

Docket No.: M61.12-0124

-

Group Art Unit: 2674

Examiner:

Wu, X.

## CERTIFICATE OF MAILING

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

For

Submitted herewith is our check in the amount of \$1,400.00 as payment of the Issue Fee in the above-identified application, along with the Issue Fee Transmittal.

In the event the attached check is unacceptable, or the check is omitted, or if there are any additional fees associated with this application, please charge the required fee or credit any overpayment to Deposit Account No. 23-1123.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 24, 2005.

Respectfully submitted,

WESTMAN, CHAMPLIN & KELLY, P.A.

By

Theodore M. Magee, Reg. No. 39,758 Suite 1400 - International Centre

900 Second Avenue South

Minneapolis, Minnesota 55402-3319

Phone: (612) 334-3222 Fax: (612) 334-3312

TMM:sew